

## Independent Medallion Driver Designation \ Removal Application Form

**This form is used to submit a request for the Designation \ Removal of an Independent Driver under the Independent Driver Option.** It must be submitted to the TLC offices at 32-02 Queens Blvd 2FL, Long Island City, NY 11101 by November 1<sup>st</sup> of each year for the next year's designation. Designations do not automatically transfer to the following year.

**Please Note:**

- A change of designation can only take place once each calendar year.
- ALL sections must be completed in order for the form to be processed.
- A Money Order or Corporate Check in the required amount must accompany this application in order for it to be reviewed.
  
- A penalty amount of \$5,000 is due and payable with the submission of this document if the medallion owner is under the age of 62.
- A penalty amount of \$2,500 is due and payable with the submission of this document if the medallion owner is age 62 or older.

**Section 1**

**MEDALLION INFORMATION**

Date of Request: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Designation <input type="checkbox"/> Removal <input type="checkbox"/>
Medallion Number: <input style="width: 200px;" type="text"/>	Date Medallion Purchased: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Medallion Owner's Name: <input style="width: 90%;" type="text"/>	
Owner's Address: <input style="width: 95%;" type="text"/>	
City: <input style="width: 300px;" type="text"/>	State: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Zip code: <input style="width: 100px;" type="text"/>	
DOB: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Telephone Number: ( <input style="width: 30px;" type="text"/> ) <input style="width: 60px;" type="text"/> - <input style="width: 60px;" type="text"/>
Agent Name (if an Agent is assigned): <input style="width: 90%;" type="text"/>	
Agent Address: <input style="width: 95%;" type="text"/>	
City: <input style="width: 300px;" type="text"/>	State: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Zip code: <input style="width: 100px;" type="text"/>	
Agent Phone Number: <input style="width: 200px;" type="text"/>	Agent Broker Number: <input style="width: 200px;" type="text"/>

**Section 2****SELECTED INDEPENDENT MEDALLION DRIVER INFORMATION**

Driver's Name:

Address:

City:

State:

Zip code:

Medallion Operator License #:

License Expiration Date:

M	M	D	D	Y	Y	Y	Y
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**Section 3****LESSOR / TITLE AND VEHICLE INFORMATION****This form must be accompanied by documentation that the Independent Medallion Driver is;**

1. The title owner of the Taxicab vehicle or
2. The lessee of the Taxicab vehicle and the vehicle lease has a conditional purchase agreement for the Vehicle (a copy of the lease must be attached to this form); and
3. A copy of the long term lease agreement between the owner and/or their agent and the designated Independent Medallion Driver for the lease of the medallion.

Lessor Information (if applicable):

Driver's Name:

Address:

City:

State:

Zip code:

Term of Lease:

Start Date:

M	M	D	D	Y	Y	Y	Y
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End Date:

M	M	D	D	Y	Y	Y	Y
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Vehicle Make and Model:

Vehicle VIN:

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**OFFICE USE ONLY**GRANTED DENIED (if denied list reason) 


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Section 4

MEDALLION OWNER AFFIRMATION

I, \_\_\_\_\_, am designating the following Independent Medallion Driver as the Driver who will fulfill the service requirement of operating my medallion for a minimum of 180 nine-hour shifts per calendar year under TLC Rules 58-20(a)(4).

By signing below I affirm that:

- 1. I [ ] am [ ] am not (check one) 62 years or older.
2. [ ] I bought Med \_\_\_ before 7/1/11 and have owned it at least 2 years or [ ] I bought Med \_\_\_ on or after 7/1/11, have owned it at least 10 years and I have met my TLC driving requirement for that period. (check one)
3. The Driver listed on page 2 of this form meets the definition of an Independent Medallion Driver as indicated in TLC Rules 58-03(n)(1 thru 3),
4. The selected Driver agrees he is responsible for personally driving the Medallion listed above at least 120 hours per month, and a minimum of 180 nine-hour shifts, beginning on \_\_\_\_\_, 20\_\_\_ and ending on December 31, 20\_\_\_; unless I formally change my designated Independent Medallion Driver prior to December 31, 20\_\_\_.
5. I understand that I may be subject to the issuance of a summons and any fines and penalties associated with that summons on page 1 on this form, if the Independent Medallion Driver I designate fails to drive the required 180 nine-hour shifts. (TLC Rule 58-20(a)(4)(vi))
6. I understand that only one designation of an Independent Medallion Driver can be in effect for the Medallion listed above at any time and that there can be only one Independent Medallion Driver for any Independent Medallion at any one time.
7. I understand that I can change the designated Independent Medallion Driver only once each calendar year.
8. I must immediately report to the Commission, in writing to the NYC TLC's Division of Licensing and Standards, Attention: Compliance Unit, at the address listed on page 1 of this form, when I terminate or change a designation or when the designated Driver ceases to be an Independent Medallion Driver for the Medallion listed above. Any change in Driver designation must be made by submitting another Independent Medallion Driver Designation \ Removal Application Form.
9. If I remove an Independent Medallion Driver and I either fail to immediately replace said Driver at the same time, or if I am not permitted to change the Independent Medallion Driver designation because of a previous change in the same calendar year, I agree that I will be personally responsible for completing any remaining shifts needed to be driven to reach the required annual minimum shifts for this Medallion. Failure to drive the minimum shifts could subject me to the issuance of a summons and any fines and penalties associated with that summons, if I am found in violation.
10. A penalty amount of \$5,000 is due and payable with the submission of this document if I am under the age of 62.
11. A penalty amount of \$2,500 is due and payable with the submission of this document if I am age 62 or older.
12. I understand that if my submission is found to be faulty or incomplete and is subsequently denied then I will be responsible for personally driving the Medallion listed above the annual minimum of 180 nine-hour shifts or be subject to the issuance of a summons and any fines and penalties associated with that summons, if I am found in violation of TLC rules.
13. I further understand that the filing of this Independent Medallion Driver Designation Application does not satisfy or replace my obligation under Rule 58-20(b) to file with TLC a separate current driver authorization statement.

\_\_\_\_\_
Print Name Signature Date

Sworn or affirmed, before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_
NOTARY PUBLIC: \_\_\_\_\_
My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

OFFICE USE ONLY
GRANTED [ ] DENIED (if denied list reason) [ ]
\_\_\_\_\_
\_\_\_\_\_

